In the Claims

Claim 1, line 1 before "prostate" insert -- autochthonous --

2. (Amended twice) A method for [monitoring the treatment of] treating a patient with prostate cancer and having a PSA level above about 5, the method comprising measuring the PSA level in the blood of the patient, administering Rhodamine-123 to the patient in an amount sufficient to effect in vivo destruction of prostate cancer cells, and thereafter measuring the patient's PSA level to confirm the destruction of prostate cancer cells in the patient.

Claim 3, line 1, delete "of monitoring the treatment"

REMARKS

Reconsideration of this application is requested. During a telephone conference with the Examiner on February 4, 1997, the Examiner indicated that the rejection of the claims as unpatentable over the Arcadi 1986 and 1990 references of record could be overcome by submitting evidence to show the superiority of the inventions defined by claims 1-19 over that prior art.

The accompanying declaration of Dr. John A. Arcadi, the inventor named in the present application, and the author of each of the two Arcadi 1986 and 1990 references (articles) provides the evidence which overcomes the Arcardi 1986 and 1990 references. As the declaration makes clear, neither the saline suspension described in the 1986 reference nor the DMSO solution described in the 1990 reference would be acceptable for treating autochtonous cancer in a patient.

Claim 2 has been amended to make it clear that the patient being treated has a PSA level above about 5. The Office action objected to claims 2-8 as improperly drawn to a two-step method. The step of measuring the PSA level in the blood of a patient both before and after administering Rhodamine-123 is the applicant's preferred procedure because it provides a way of treating the patient with a minimum amount of Rhodamine-123 required to bring down the PSA level of the patient, and thus minimize any potential toxic effect of the drug on the patient. In other words, by measuring the PSA level as required by claim 2 (and claim 3), the patient can be treated with the minimum amount of Rhodamine-123 required to decrease the patient's PSA level, and thereby minimize any possible adverse effect of the drug. None of the prior art discloses, or even suggests, this concept.

Claim 3 has been amended to remove the phrase "monitoring the treatment" to meet the objection raised in the Office action on page 2, first paragraph.

This application is now in condition for allowance, and such action is requested.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By _____

R. W. Johnston
Reg. No. 17,968
818/795-9900

RWJ/dg
DLG PAS73219.1-*-2/12/97 2:11 pm